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PTO/SB/97 (08-03)

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Patricia A. Verlangieri

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Serial No.: 10/567,721

Docket No.: PU030254

Examiner: Melissa J. Koval

Transmittal Form (2 Copies - 2 Pages)

Fee Transmittal Form (2 Copies - 2 Pages)

Petition for Extension of Time (2 Copies - 2 Pages)

Notice of Appeal (2 Copies - 2 Pages)

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PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/587,721
Filing Date	February 8, 2006
First Named Inventor	Scott Joseph Duggan
Art Unit	2851
Examiner Name	Melissa J. Kovet
Attorney Docket Number	PLU030254

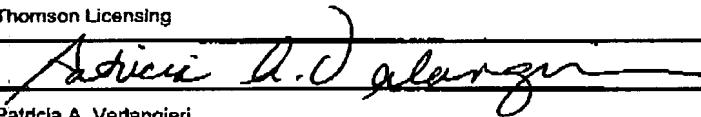
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ENCLOSURES (Check all that apply)

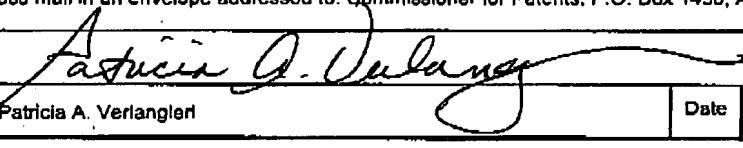
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD. Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thomson Licensing		
Signature			
Printed name	Patricia A. Verlangieri		
Date	October 30, 2007	Reg. No.	42,201

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Typed or printed name	Patricia A. Verlangieri	Date	October 30, 2007

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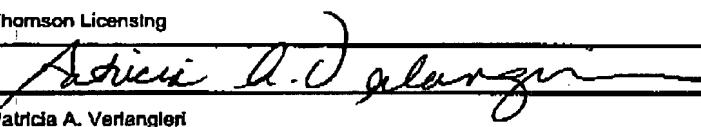
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Total Number of Pages in This Submission

Application Number	10/567,721
Filing Date	February 8, 2008
First Named Inventor	Scott Joseph Duggan
Art Unit	2851
Examiner Name	Melissa J. Koval
Attorney Docket Number	PU030254

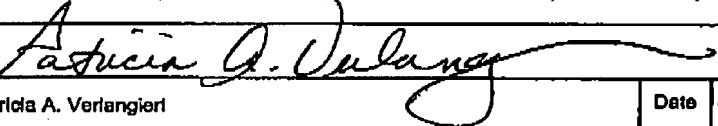
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks		

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PTO/SB/17 (10-03)
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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 970)

Complete If Known	
Application Number	10/567,721
Filing Date	February 8, 2008
First Named Inventor	Scott Joseph Duggan
Examiner Name	Melissa J. Kovai
Art Unit	2651
Attorney Docket No.	PU030254

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																											
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account:				3. ADDITIONAL FEES																																											
Deposit Account Number		07-0832		Large Entity		Small Entity																																									
Deposit Account Name		THOMSON LICENSING INC., Customer No. 24498		Fee Code	Fee (\$)	Fee Code	Fee (\$)																																								
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																															
FEE CALCULATION																																															
1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> <td>Fee</td> <td>Fee</td> <td></td> </tr> <tr> <td>1001 790</td> <td>2001 365</td> <td>Utility filing fee</td> <td></td> <td></td> </tr> <tr> <td>1002 350</td> <td>2002 170</td> <td>Design filing fee</td> <td></td> <td></td> </tr> <tr> <td>1003 650</td> <td>2003 265</td> <td>Plant filing fee</td> <td></td> <td></td> </tr> <tr> <td>1004 790</td> <td>2004 365</td> <td>Reissue filing fee</td> <td></td> <td></td> </tr> <tr> <td>1005 160</td> <td>2005 80</td> <td>Provisional filing fee</td> <td></td> <td></td> </tr> <tr> <td colspan="2">SUBTOTAL (1)</td> <td colspan="2">(\$ 0)</td> <td></td> </tr> </tbody> </table>								Large Entity	Small Entity	Fee Description		Fee Paid	Fee Code (\$)	Fee Code (\$)	Fee	Fee		1001 790	2001 365	Utility filing fee			1002 350	2002 170	Design filing fee			1003 650	2003 265	Plant filing fee			1004 790	2004 365	Reissue filing fee			1005 160	2005 80	Provisional filing fee			SUBTOTAL (1)		(\$ 0)		
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1"> <thead> <tr> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>0</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>0</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td>0</td> <td></td> </tr> <tr> <td colspan="2">X</td> <td></td> </tr> <tr> <td colspan="2">SUBTOTAL (2)</td> <td>(\$ 0)</td> </tr> </tbody> </table>								Extra Claims	Fee from below	Fee Paid	Total Claims	0		Independent Claims	0		Multiple Dependent	0		X			SUBTOTAL (2)		(\$ 0)																						
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*or number previously paid, if greater. For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 970)																																															

SUBMITTED BY					
Name (Print/Type)	Patricia A. Verlangieri	Registration No (Attorney/Agent)	42,201	Telephone	(609) 734-6867
Signature	<i>Patricia A. Verlangieri</i>			Date	October 30, 2007

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Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

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Complete If Known	
Application Number	10/567,721
Filing Date	February 8, 2006
First Named Inventor	Scott Joseph Duggan
Examiner Name	Melissa J. Koval
Art Unit	2851
Attorney Docket No.	PU030254

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number 07-0632

Deposit Account Name THOMSON LICENSING INC., Customer No. 24498

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 780	2001 385	Utility filing fee	
1002 350	2002 170	Design filing fee	
1003 550	2003 285	Plant filing fee	
1004 780	2004 385	Reissue filing fee	
1005 160	2005 60	Provisional filing fee	
SUBTOTAL (1)		(5) D	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
		** = 0	X 0 = 0	0
		** = 0	X 0 = 0	0
			X 0 = 0	0

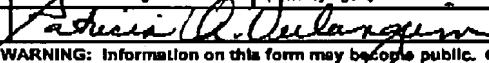
Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 16	2202 9	Claims in excess of 20
1201 68	2201 43	Independent claims in excess of 3
1203 300	2203 145	Multiple dependent claim, if not paid
1204 68	2204 43	** Reissue independent claims over original patent
1205 16	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(5) D

** or number previously paid, if greater. For Reissue, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	Surcharge - late filing fee or cash	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 430	2252 210	Extension for reply within second month	460
1253 680	2253 475	Extension for reply within third month	
1254 1,530	2254 740	Extension for reply within fourth month	
1255 2,080	2255 1,005	Extension for reply within fifth month	
1401 340	2401 165	Notice of Appeal	510
1402 340	2402 165	Filing a brief in support of an appeal	
1403 300	2403 145	Request for oral hearing	
1451 1,610	1451 1,610	Petition to institute a public use proceeding	
1462 110	2462 55	Petition to revive - unavoidable	
1453 1,970	2453 665	Petition to revive - unintentional	
1501 1,370	2501 685	Utility issue fee (or reissue)	
1502 480	2602 240	Design issue fee	
1503 660	2603 320	Plant issue fee	
1480 130	1480 130	Petitions to the Director	
1807 50	1807 50	Processing fee under 37 CFR 1.17 (q)	
1808 180	1808 180	Submission of Information Disclosure Stmt	
6021 40	6021 40	Recording each patent assignment per property (times number of properties)	
1809 700	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 700	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 780	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	(5) 970

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Patricia A. Verlangieri	Registration No. (Attorney/Agent)	42,201
Signature		Telephone	(800) 734-8887
		Date	October 30, 2007

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